State Prevention Plan

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This information is available in alternate formats upon request.

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Maine Substance Abuse Prevention Plan

Overview

The Maine Office of Substance Abuse (OSA) is the single state administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services.

The Office provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse, and dependency.

This document has been developed to assist the Prevention Team in meeting the overall mission of OSA as well as specific outcomes in the prevention arena.

Definition of Prevention

The following definition of prevention has been adopted by the Maine Coordinated School Health Program. To ensure consistency across agencies and departments, the OSA Prevention Team endorses this definition. Prevention is the active, assertive process of creating conditions that promote well-being.

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OSA's approach to substance abuse prevention uses research-based concepts, tools, skills, and strategies which reduce the risk of alcohol and other drug related problems. Substance abuse prevention means keeping the many problems related to the use and abuse of these substances from occurring.

Vision and Mission Statement

The Prevention Team vision is "A public untouched by substance abuse" and our mission is "To prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine."

Prevention Classifications

The Prevention Team utilizes the Institute of Medicine's (IOM) Classification of Preventive Interventions, which defines universal, selective and indicated prevention.

Universal preventive interventions are designed to reach the entire population, without regard to individual risk factors, and they generally are designed to reach very large audiences. Participants are not recruited to participate in the program and the degree of substance abuse risk of the program participants is not assessed. Examples in this category include substance abuse

education for all children within a school district, media and public awareness campaigns, and social policy changes.

Selective prevention interventions target subgroups of the general population that are determined to be at risk for substance abuse. Recipients of selective prevention interventions are known to have specific risks for substance abuse and are recruited to participate in the prevention effort because of that group's profile, but the degree of individual vulnerability or personal risk of members of the targeted subgroup generally is not assessed. Examples include special clubs and groups for children of alcoholics, rites of passage programs for at-risk males, and skills training programs that target young children of substance abusing parents.

Indicated Preventive interventions identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs. The individuals identified at this stage, though showing signs of early substance abuse, have not reached the point of a clinical diagnosis of a substance abuse disorder. Examples include programs for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, juvenile depression, suicidal ideation, and early signs of substance abuse.

Prevention work should be based on the following principles.

Guiding Principles of Substance Abuse Prevention

1. Effective substance abuse prevention incorporates multiple strategies in multiple domains. (The domains refer to areas where prevention work occurs. These include peer/individual, family, school, community and society settings.)

2. Universal, selective, and indicated interventions need to be coupled with environmental strategies.

3. Prevention specialists need a set of core competencies and a commitment to lifelong learning to stay current with the rapidly evolving knowledge and skill base in our field.

4. Substance abuse prevention shares many elements of commonality with other related fields of prevention (i.e. juvenile delinquency prevention, adolescent suicide prevention). Collaboration and cross training across the prevention field is needed to maximize resources (both human and material).

5. There must be a continuum of services that encompasses substance abuse prevention, intervention, treatment, and recovery.

6. All sectors of the community, especially parents and youth, are needed in successful prevention work. Members of the education, law enforcement, public health and health care communities are critical partners in substance abuse prevention, intervention, and treatment efforts.

7. Prevention efforts must be grounded in needs assessment data, backed by current research, and evaluated for effectiveness.

8. Prevention strategies need to be developed for all people across the life span and must be available for each new generation.

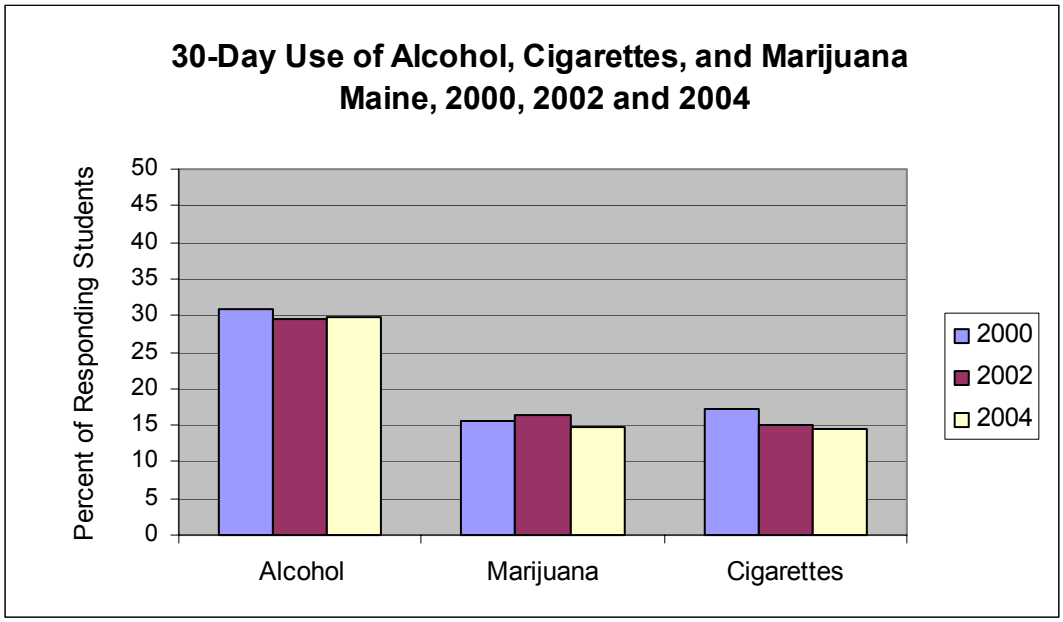
9. Maine's substance abuse prevention framework utilizes the risk and protective factor framework developed by Hawkins and Catalano. The youth developmental assets and resiliency research have also contributed to the knowledge base of our field.

10 Cultural competence and inclusiveness in working with populations of diverse cultures and identities is necessary to provide effective substance abuse prevention programming.

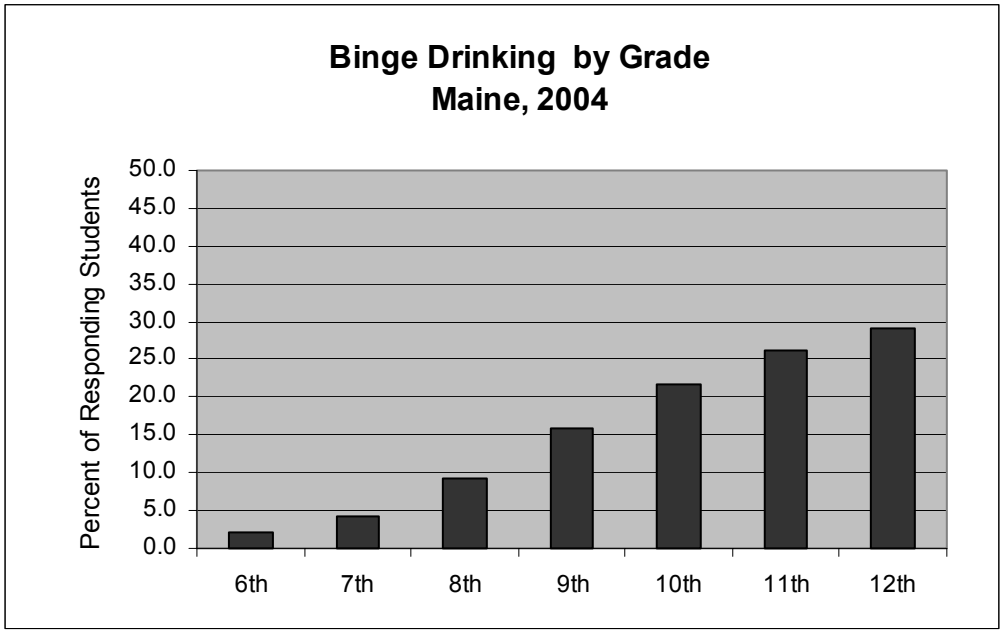
The Extent of the Problem

The Maine Youth Drug and Alcohol Use Survey (MYDAUS) is administered biennially to all schools with 6th through 12th graders students who choose to participate. In 2004, over 75,600 students from 140 school districts in Maine took part in the survey. The following information presents some areas progress and of concern from that survey.

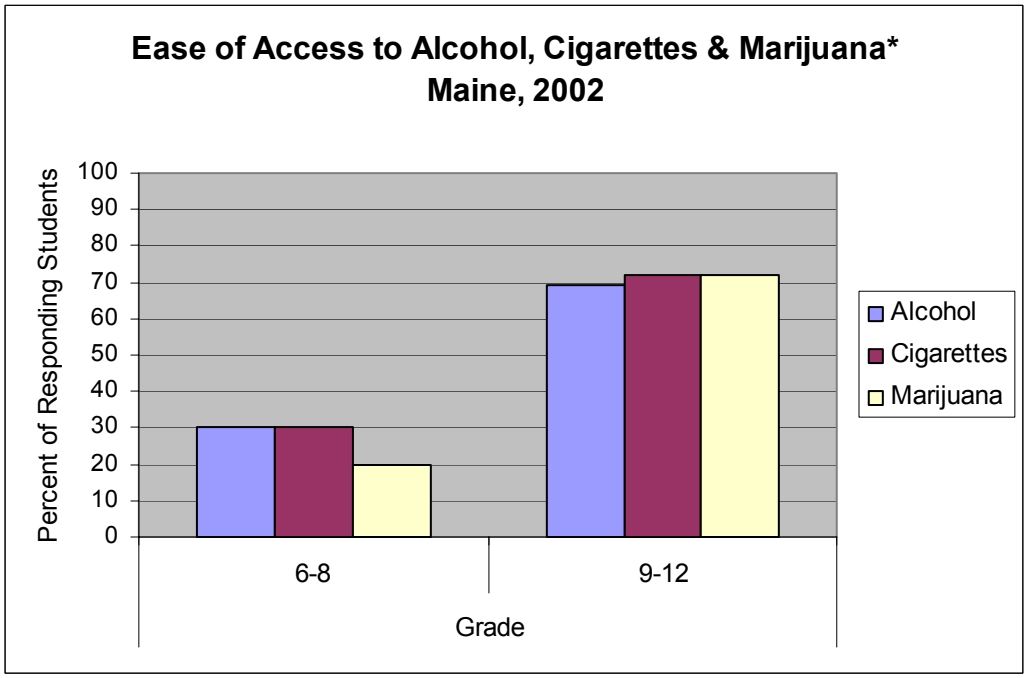
- The number one drug of choice remains alcohol followed by marijuana as the second drug of choice. Past thirty day use rates reported by survey respondents were: 29.7% for alcohol and 14.8% for marijuana, followed by 30 day cigarette use at 14.6%. Both marijuana and tobacco showed decreases.



- Binge drinking (five or more drinks on one occasion) remains of concern with 29% of twelfth graders reporting this behavior in the two weeks prior to the survey.



- The perceived accessibility of substances in grades 9--12 shows all three substances as easy for youth to obtain.



- 30 day inhalant use increased in almost all grades.

In addition, young people 18-25 constitute a high risk group. Binge drinking on college campuses and other areas where young people congregate is of particular concern. Data from the Maine Behavior Risk Factor Surveillance System shows about 30% of the 18-24 year olds reported binge drinking in past 30 days.

Costs of Substance Abuse

Substance abuse is implicated in most of society's ills. Substance abuse is a factor in the four leading causes of death for youth--accidents including motor vehicle fatalities, suicide, homicide and unintentional injuries. Substance abuse is a factor in domestic violence, child abuse, and other forms of violence. Substance use during pregnancy is associated with low birth weight infants, learning disorders, and may cause fetal alcohol syndrome. Substance abuse accounts for lost work, lower productivity, and medical problems. The cost of substance abuse in Maine is staggering. It is estimated that $619 million is spent either directly in such things as treatment and incarceration costs or indirectly in areas like increased need for services for victims of violence.[1]

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Investing in prevention can reduce the burden that society must bear to treat the problems associated with substance abuse. It is estimated that for every dollar spent in prevention, four to five dollars is saved in costs for drug abuse treatment and counseling[2].

Prevention Contracts

The OSA Prevention Team administers contracts funded from a variety of sources. These include the Safe and Drug-free Schools and Communities Act (SDFSCA) monies (Title IV-A of the No Child Left Behind Act), the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), Enforcing Underage Drinking Laws (EUDL) monies (Office of Juvenile Justice Delinquency Prevention), One ME--Stand United for Prevention (State Incentive Grant) and Fund for Healthy Maine monies (tobacco settlement funding).

Approximately 170 school systems receive SDFSCA funding through an annual application process. Types of programs funded include substance abuse counselors, bullying prevention, programs, student assistance teams, and a variety of model and other programs designated as promising approaches.

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[1] Baird, D, Lanctot, M, and Clough, J (2003). *The Economic Costs of Alcohol and Drug Abuse in Maine, 2000.* Augusta, ME: Office of Substance Abuse, Department of Behavioral and Developmental Services.

[2] National Institutes on Drug Abuse, National Institutes of Health, *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide,* NIH Publication No 97-4212, March 1997, p. i.

Currently forty programs are funded using the SAPTBG. All of these programs were selected through a Request for Proposal (RFP) process. Types of programs funded include alternative schools, after school, peer leader, service learning, and arts related programs.

Office of Juvenile Justice and Delinquency Prevention's EUDL money has funded the Higher Education Alcohol Prevention Partnership, the Rural Underage Drinking Enforcement Project, the Underage Drinking Community Coalitions, alcohol compliance checks, and Maine Youth Voices.

The State Incentive Grant funding supports 23 community coalitions in their work to reduce substance abuse in the 12 to 17 year old population. Grant recipients were required to use multiple strategies in 2 or 3 domains, depending on the level of their funding. In addition, recipients were required to use a minimum of 50% of their funding for model programs.

Thirteen programs received funds from the Fund for Healthy Maine in 2000 to conduct mentoring and parenting programs. In addition, three agencies were successful applicants in a RFP requiring the use of environmental strategies. A parent media campaign Your Teen and Alcohol--Do You Really Know? was conducted using money from this source.

Outcome-based Funding

Several years ago OSA adopted an outcome-based funding model which requires all contracted agencies to demonstrate progress toward the achievement of proposed outcomes. To further assist entities receiving OSA prevention funding, training in logic model development was provided. In addition, all funded programs are required to meet the US DOE Principles of Effectiveness. These steps were taken to ensure that OSA funding was achieving documented, cost effective success and were consistent across funding streams.

A further refinement of our funding requirements was introduced last year. A Needs and Resources Assessment Guide has been developed and was used by all One ME grantees. The science of prevention is gradually being institutionalized by OSA grantees.

Program Successes

Substance Abuse Prevention and Treatment Block Grant grantees

Noteworthy program achievements have been recorded by contracted agencies. For example, East End Children's Workshop was recognized as one of the top ten theater arts based prevention programs in the United States. K.I.D.S. Consortium has received a Kellogg Foundation grant to expand their participatory democracy service learning program. Community School's relational model of working with kids who have not been successful in the traditional school setting has been highlighted in several publications. These and many other programs have demonstrated successful outcomes for the youth with whom they work.

The MYDAUS also documents success in substance abuse prevention. In the 2002 survey results, lifetime and 30 day use of both alcohol and tobacco continued to decline, particularly

among middle school students. Much attention has been devoted to these two substances and the results of that effort are encouraging.

Safe and Drug-free Schools and Communities Act grantees

During the period of the Improving America's Schools Act (1995-2002) Maine made significant progress in its efforts to attain safe and drug-free schools and communities, and met or exceeded most of the goals and objectives adopted in 1995-96. Since adoption of the Principles of Effectiveness on July 1, 1998, SDFSCA staff members in Maine have required that all sub-recipients comply with the original four Principles and subsequent revision to six. During this period, there has been a noticeable improvement in the quality of the needs assessment conducted as well as the evaluation findings. Additionally, for years 2000-01 and 2001-02, the number of Title IV-A funded model programs implemented by Maine LEAs increased from 17 to 52.

Enforcing Underage Drinking Laws grantees

Maine's strategy for reducing underage drinking has focused much energy in recent years on increasing the effectiveness of enforcement of the underage drinking laws and on reducing both retail and social access to alcohol by minors. The Office of Substance Abuse has taken both a localized and statewide approach, combining grants to community coalitions, colleges, and county sheriffs departments with statewide strategies like undercover compliance checks and Project Sticker Shock. The results demonstrate a substantial increase in enforcement efforts where grant funds have been available at the local level (for instance a 94% increase in underage drinking summonses and an 81% increase in furnishing arrests across community coalition subgrantees from 1999-2002, and a 300% increase among county sheriffs' grantees in the first half of 2003 over the comparable period in 2002). In addition, we have seen a 10% decrease statewide in how easy youth perceive it to be to get alcohol (52.7% of 6-12th graders who took the MYDAUS in 2002 said it was "very easy" or "sort of easy" compared to 58.3% in 2000).

Best Practices in Prevention

The field of substance abuse prevention has undergone considerable change in the last twenty-five years. The change from the scare tactics and feel good strategies of earlier times to science based prevention has brought increased credibility to this rapidly evolving field.

Risk and Protective Factor Framework

The work of David Hawkins and Richard Catalano resulted in the adoption of the risk and protective factor framework by OSA. Risk factors are markers of the likelihood of problem behaviors. Protective factors promote health and well-being and build resiliency. These factors, both risk and protective, are found in the following domains--peer/individual, family, school, community, and society. Effective prevention programs employ multiple strategies in multiple domains.

Protective factors:

Examples:

- strong and positive family bonds;
- parental monitoring of children's activities and peers;
- clear rules of conduct that are consistently enforced within the family;
- involvement of parents in the lives of their children;
- success in school performance; strong bonds with institutions, such as school and religious organizations; and
- adoption of conventional norms about drug use.

Risk factors:

Examples:

- chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses;
- ineffective parenting, especially with children with difficult temperaments or conduct disorders;
- lack of parent-child attachments and nurturing;
- inappropriately shy or aggressive behavior in the classroom;
- failure in school performance;
- poor social coping skills;
- affiliations with peers displaying deviant behaviors; and
- perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments.

Substance Abuse Prevention Strategies

Effective substance abuse requires multiple strategies in multiple domains.

Policy Strategies

Perhaps the most potent strategies for preventing, reducing, or eliminating substance abuse (and violence) are the creation, promotion and enforcement of policies and norms designed to change the environments in which people live and work. Policies include laws, rules, and regulations that serve to control availability of alcohol, tobacco, and other drugs through pricing, deterrence for using or incentives for not using, restrictions on availability, and restrictions on use. Policies also codify norms about substance use and specify sanctions for violations. Governments (municipal, state, and federal levels), public agencies (e.g., police departments, school systems), and private organizations (e.g., HMOs, hospitality establishments, convenience stores) all institute policies which can impact people's decisions about using substances.

Enforcement Strategies

Consistent enforcement and reinforcement is needed to enhance the effectiveness of existing as well as new policies regarding substance abuse. Police officers, in particular, are important to enforcement, and as such, should be represented on community advisory boards, health task forces, or school and community coalitions. Police, however, are not the only key community members critical to the enforcement of policies and norms in a community. Young people, parents, school personnel, and other community members play an important role in combination with police and others in the law enforcement and judicial fields.

Education Strategies

Instructional approaches that combine social and thinking skills are one of the most effective ways of enhancing individual abilities, attitudes, and behaviors inconsistent with substance abuse and other kinds of delinquent behavior. These methods tend to be far more effective at changing behavior than educational programs that focus simply on imparting knowledge about substances and the adverse effects of substance abuse and on bolstering self esteem. Instructional programs are typically found in schools and in some after-school programs. While instructional programs have been important and necessary, and even effective at imparting knowledge, developing skills, and changing some behaviors, *most* are insufficient to produce far reaching and long-lasting change if they are the only strategy employed.

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Communications Strategies

Communications strategies influence community norms as well as increase public awareness about specific issues and problems related to substance abuse, attract community support for other program efforts, reinforce other program components, and keep the public informed about program progress. Communications strategies include: public education; social marketing campaigns that apply marketing principles to the design and implementation of communication campaigns; media advocacy approaches that encourage various media outlets to change the way they portray substance use issues in order to ultimately influence policy changes; and media literacy programs that educate people to be critical of what they see and read in the media.

Collaboration Strategies

While not directly affecting the use of tobacco, alcohol, and other drugs, collaborative efforts, community coalition building and interagency collaboration in particular, have been shown to be effective in raising awareness about the issues of substance abuse and violence and in coordinating prevention and treatment services.

Alternatives Strategies

Increasingly, schools and communities are working together to incorporate recreational, enrichment, and leisure activities into their approach to prevention. Drop-in recreation centers, after-school and weekend programs, dances, community service activities, tutoring, mentoring, and other events are offered in these programs as alternatives to dangerous activities such as substance abuse and violence. While many alternative approaches have not been evaluated with rigor, researchers have learned some valuable lessons about what elements increase their likelihood of success.

Early Intervention Strategies

Early intervention includes strategies such as screening, assessment, referral and treatment of youth at risk for substance use and related risk factors; home visitation; early education (e.g., Head Start); student assistance programs; employee assistance programs; and treatment and counseling services. Counseling interventions for youth at high risk, including student assistance programs, require more rigorous evaluation before they can be documented as consistently effective strategies. The strategies that are most effective are those designed to identify young people and their parents at risk and offer or refer them to appropriate educational or counseling programs.

Principles of Effectiveness

In 1998, the United States Department of Education adopted the Principles of Effectiveness and expanded their list in 2002. These principles identify a scientifically defensible process for selecting and implementing a science based prevention program.

IN GENERAL – For a program or activity to meet the Principles of Effectiveness, such program or activity shall:

(1) Be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the elementary schools and secondary schools and communities to be served, including an objective analysis of the current conditions and consequences regarding violence and illegal drug use, including delinquency and serious discipline problems, among students who attend such schools (including private school students who participate in the drug and violence prevention program) that is based on ongoing local assessment or evaluation activities;

(2) Be based on an established set of performance measures aimed at ensuring that the elementary schools and secondary schools and communities to be served by the program have a safe, orderly, and drug free learning environment;

(3) Be based on scientifically based research that provides evidence that the program or strategy to be used will reduce violence and illegal drug use;

(4) Be based on an analysis of the data reasonably available at the time, of the prevalence of risk factors, including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, assets; or other variables in schools and communities in the State identified through scientifically based research;

(5) Include meaningful and ongoing consultation with and input from parents in the development of the application and administration of the program or activity; and

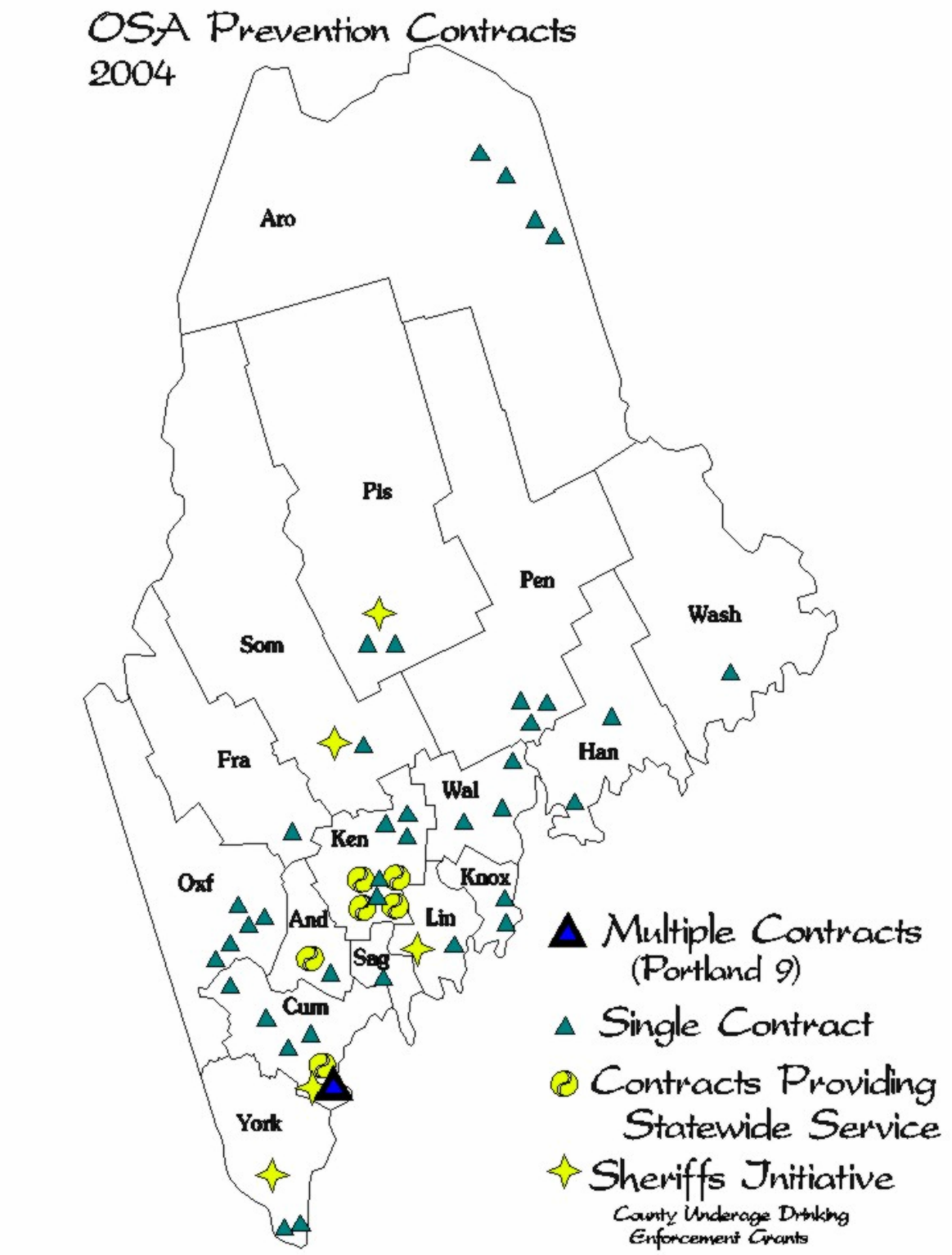
(6) Undergo a periodic evaluation to assess its progress toward reducing violence and illegal drug use in schools to be served based on performance measures. Use of results: The results shall be used to refine, improve, and strengthen the program, and to refine the performance measures, and shall also be made available to the public upon request, with public notice of such availability provided.

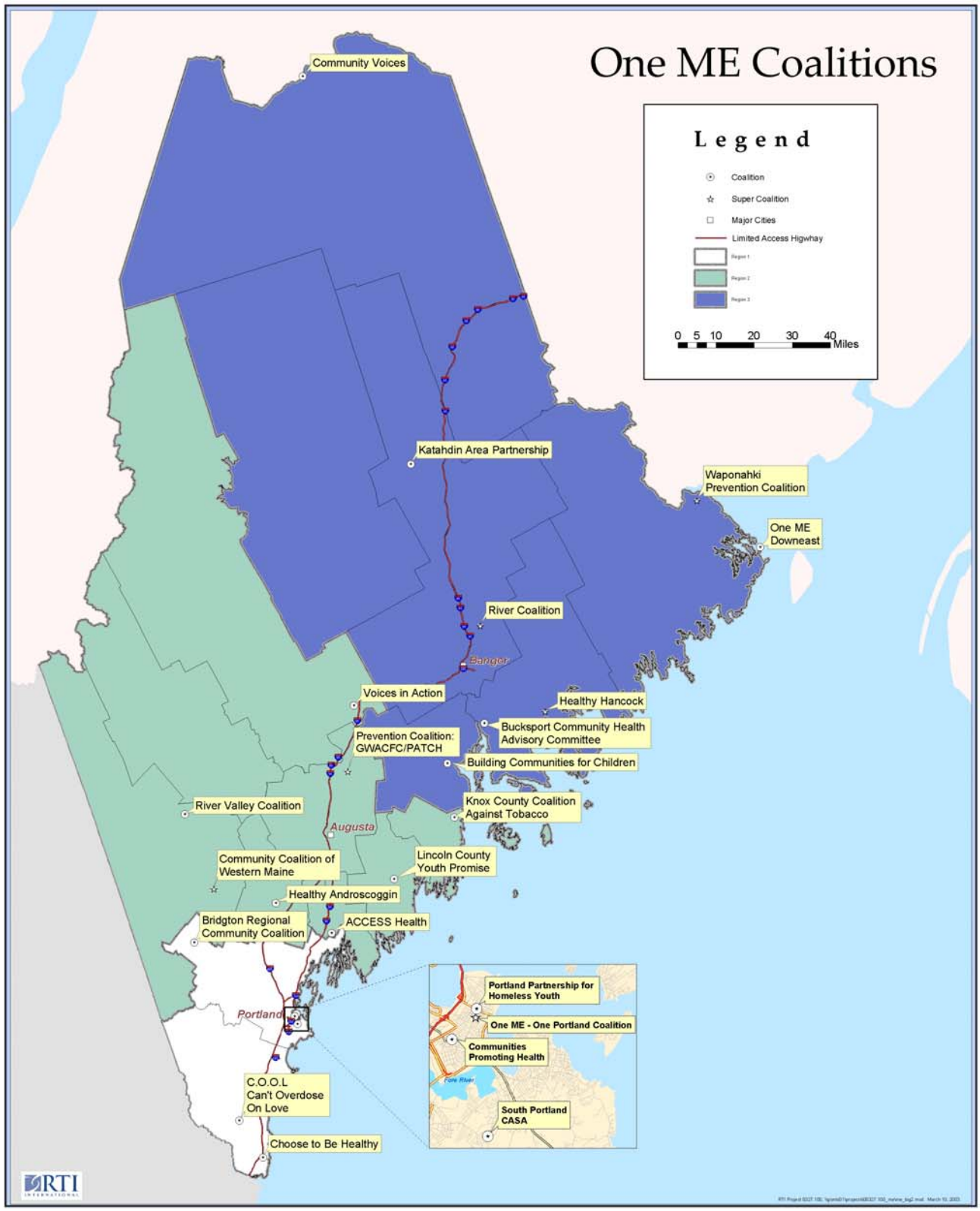
Model Programs

Science based substance abuse prevention programs are those programs that have been reviewed by experts in the field according to predetermined standards of empirical research and deemed rigorous through evaluation studies. Science based programs have sound research methodology and have proven that program effects were clearly linked to the program itself and not to some other causal factor. The Center for Substance Abuse maintains a list of model programs that can be found at http://www.samhsa.gov/centers/csap/modelprograms/programs.htm

Needs and Gaps

While existing funding has been used to address many needs, a prevention infrastructure is still in the development phase and many gaps in services need to be addressed. Currently OSA is funding prevention programs in the following sites.




One ME Coalitions
Legend
Coalition
Super Coalition
Major Cities
Limited Access Highway
Region 1
Region 2
Region 3
0 5 10 20 30 40 Miles
Community Voices
Katahdin Area Partnership
Waponahki Prevention Coalition
One ME Downeast
River Coalition
Bangor
Voices in Action
Healthy Hancock
Bucksport Community Health Advisory Committee
Prevention Coalition: GWACFC/PATCH
Building Communities for Children
River Valley Coalition
Knox County Coalition Against Tobacco
Augusta
Community Coalition of Western Maine
Lincoln County Youth Promise
Healthy Androscoggin
Bridgton Regional Community Coalition
ACCESS Health
Portland
Portland Partnership for Homeless Youth
One ME - One Portland Coalition
Communities Promoting Health
Fore River
South Portland CASA
C.O.O.L Can't Overdose On Love
Choose to Be Healthy
RTI INTERNATIONAL

Geographic gaps can readily be discerned. OSA needs to develop a presence in each county and to develop a mechanism for using needs assessment data in the selection of RFP recipients.

Other gaps identified in substance abuse prevention services include:

- Targeted gender-specific prevention activities based on the different reasons that girls and boys use alcohol and cigarettes
- Strategies targeting survivors of abuse and trauma (especially those with Post Traumatic Stress Disorder) that take into account their history of trauma and recognize that the factors that influence their decisions about use may be different from non-survivors
- Services available in non-traditional settings in order to reach youth who may not be able to or may not choose to access programs in those settings (especially homeless, out-of-school, and Gay/Lesbian/Bisexual/Transgendered/Questioning (GLBTQ) youth)
- Culturally competent services for members of different groups (including both racial/ethnic and socioeconomic groups), specifically designed/modified to effectively meet the needs of identified cultural groups
- Initiatives to involve parents, especially around alcohol, recognizing that strategies will need to be specifically designed to reach different groups of parents:
  - those who are abusing alcohol themselves
  - those who are not abusive drinkers but who unintentionally encourage their kids to use alcohol through role modeling, mixed messages, etc.
  - those who are consciously working to prevent their kids from using but may need additional tools/support to continue doing so
- Specific subpopulations may be at particularly high-risk for alcohol and tobacco use and therefore should be targeted as appropriate on a local basis for specific services:
  - Youth who are already using substances but who are not identified as being in need of treatment
  - Youth not attending school
  - Homeless youth
  - Youth who go to school but who are living on their own without parental supervision
  - GLBTQ youth
  - Older youth (especially in the upper grades of high school and after high school)
  - Youth in non-traditional families/raised by adults other than their parents (includes foster care, grandparents or other kinship arrangements, etc.)
  - Youth whose school and community don't match (i.e. from a community that tuitions its students to many different high schools, and therefore the ties between school and community are much weaker)

Workforce Development

While a recent workforce development assessment showed a stable prevention workforce with many years of experience, the need for preventionists to gather and analyze data and to conduct evaluation emerged as areas where professional development is needed. The recent infusion of State Incentive Grant funding has also revealed that filling positions with knowledgeable preventionists has been difficult in several areas of the state. In addition, a career ladder for people wishing to make a lifelong commitment to prevention should be created.

The needs of school personnel must also be addressed. As new people enter the field, workshops on "Substance Abuse 101" need to be offered.

The identification of core competencies for prevention workers and cross training with other related disciplines would allow for the most efficient use of training dollars. Creating linkages with the community college system and universities would legitimize the field and provide a structured training mechanism. In addition, university linkages could provide the necessary evaluation expertise needed to document the effectiveness of prevention programming. Teachers and other school staff are most often the first people to notice the signs that a student may be in difficulty--increasing their familiarity with the signs and symptoms of abuse would allow for earlier intervention.

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Other Factors

Substance abuse is not solely an individual problem to be addressed with individual strategies. Rather substance abuse exists within a larger environment. Work focused on policies, enforcement, availability and marketing must be continued. Examining community norms that are favorable to substance abuse and changing those norms is critical to the success of prevention work. Requiring responsible advertising from the alcohol and tobacco industry is another area for advocacy. All of this "environmental" work can only benefit and complement other, more traditional, substance abuse prevention strategies.

Proposed Future of Programming/Targeted Initiatives and Funding Needs

Workforce development

- Consensus on core competencies
- Development of training (including beginner, intermediate and advanced) and mentoring system for demonstrating competencies
- Cross-disciplinary training across the fields of child abuse, domestic violence, sexual assault and substance abuse prevention

Policies

- Pre-service training for teachers, health professionals, social workers, etc. in understanding substance use, abuse and dependence
- Underage drinking policies need to be examined and recommendations for strengthening enforcement and/or creating new laws should be explored
- RFP process--should employ standard language across agencies (when possible), allow respondents adequate time to prepare a proposal and funding levels should allow the employment of a full-time coordinator. At a minimum awards should be for at least three years
- The voices of youth and parents should be an integral part of prevention planning.
- Needs, as shown by the MYDAUS and other data, should be the basis for funding decisions and program strategies.

Prevention data system (K.I.T. Solutions)

- Refinement of data system to meet needs of prevention providers
- Phase-in successful RFP grantees to system
- Development of help desk capability
- Ensure that system meets the requirements of CSAP Performance Partnership Grants

Interdepartmental initiatives

- Continuation of collaborative efforts that maximize resources (Maine Youth Suicide Prevention Program, underage drinking prevention efforts, coordination of One ME and Healthy Maine Partnerships, development of coordinated student survey, substance abuse prevention in the workplace, Coordinated School Health Program, etc.)
- Explore other possibilities for interdepartmental collaboration
- Work with Department of Education to administer Safe and Drug-Free Schools and Communities Act

Outreach to schools

- Work with school health coordinators to ensure that substance abuse prevention is addressed in comprehensive school health education programs
- Serve as a resource on such topics as model policies and procedures, model programs, working with parents, etc.
- Expand Information and Resource Center collection of materials for school audiences
- Continue to develop relationships with alternative education programs

Funding for continuation of following priorities

- The Higher Education Alcohol Prevention Project (presently involves 9 colleges and a full time coordinator). Current funding runs through summer 2005.
- Public education including the Your Teen and Alcohol--Do You Really Know and Think Again media campaigns as well as the Partnership for Drug-free Maine
- One ME coalitions
- Performance Based Prevention System
- Continued development of state infrastructure

Funding for the development of the following

- Evaluation of promising Maine programs for designation as model programs

- Regional prevention specialists to work with schools and other groups to better understand their local data and how to plan and evaluate their efforts
- Development and dissemination of Maine specific resource materials

Outcomes

The Prevention Team's work will be guided by the following outcomes from Healthy Maine 2010.

1) Increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts.

2) Increase the age and proportion of adolescents who remain alcohol- and drug-free.
   - Reduce the proportion of Maine adolescents who first used alcohol before age 13.
     Baseline: 21.7%
     Target: 18.0%
   - Reduce the proportion of Maine adolescents who first used marijuana before age 13.
     Baseline: 12.0%
     Target: 10%
   - Increase the proportion of Maine adolescents who never used any drug.

3) Reduce tobacco use by adolescents (students in grades 9--12).
   - Reduce cigarette smoking among Maine adolescents.
     Baseline: 28.6%
     Target: 15.0%
   - Reduce the proportion of Maine adolescents who smoked a whole cigarette for the first time before age 13.
     Baseline: 22.5%
     Target: 12.0%

In addition, One ME grantees are working to achieve the following by 2006.

4) Reduce 30 day tobacco use by 15% in the 12-17 year old population
   Baseline: 17.3%
   Target: 14.7%

5) Reduce past two week binge drinking by 10% in the 12-17 year old population
   Baseline: 15.5%
   Target: 14.0%

Outcomes for the Maine Higher Education Alcohol Prevention Partnership (OSA project funded by grants from U.S. Department of Education and U.S. Office of Juvenile Justice and Delinquency Prevention) include:

6) Overall Goal: Reduce high-risk drinking among first year students at participating Maine colleges by 2006.
Selected Outcomes:

6a. 10% reduction in binge drinking among residential first year students (5 or more drinks on one or more occasions in the past two weeks)
6b. 15% reduction in past-year serious personal problems (such as suicidality, being hurt or injured, trying unsuccessfully to stop using, sexual assault, etc.) experienced by second year students as a result of drinking or drug use

Outcomes for the Maine Rural Underage Drinking Enforcement Project (OSA project funded by grant from U.S. Office of Juvenile Justice and Delinquency Prevention) include:

7) Overall Goal*:* Reduce high-risk drinking among underage youth in five participating counties by 2005

Selected Outcomes:
7a. Increase by 200% citations of minors for underage drinking violations and arrests of adults for furnishing alcohol/furnishing a place for minors to consume
7b. Decrease by 10% the percentage of youth who say that alcohol is easy to get
7c. Increase by 20% the percentage of youth who say that a kid who drinks in their community is likely to be caught by police
7d. Increase by 20% the percentage of youth who say that they would be caught by their parents if they were to drink alcohol without their parents' permission

The following additional outcome has also been selected.

8) Reduce 30 day marijuana use by 10% in the 6th--12th graders by 2008.
Baseline: 17.1%
Targets: 15.4%

Additional overarching outcomes developed by the Prevention Team are:

- Strong corps of skilled prevention practitioners in every county/region who are committed to staying current with research, evaluating outcomes, reassessing needs and strategies, involving and empowering youth and parents, and collaborating actively with other stakeholders (law enforcement, health care, etc.)

- Broadening the scope of prevention to address prevention across the life span.

- Communities understand the benefits of prevention, engage in environmental assessment and change as part of a comprehensive approach, create effective community coalitions, and participate in strong and active grass roots networks.

- All members of communities feel empowered to take responsibility and know "how to" and play a "hands on" role in prevention.

- Sustain programs and strategies that are effective in Maine.